

Joining up to the ‘joined up’ agenda
What can the conductive movement offer
the joined-up children’s agenda?

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SUMMARY. The conductive movement in the United Kingdom and overseas has long experience of two particular aspects of Every Child matters, providing an integrated service and unified professionalism. These have been developed in response to the often unrecognized complexities of motor disorders for child and for family, more developmentally appropriate than can be provided by the multidisciplinary team. Consideration of such a uni-disciplinary approach was advocated by the *Younghusband Report* thirty-five years ago. Conductive Education has demonstrated the feasibility of this approach within contemporary multi-agency contexts and won the trust of its users. Its heuristic value may be extensible to other groups in need.

Most people in the conductive movement in the United Kingdom – be they users of the conductive system, professional workers or supporters – have as yet little idea of the avalanche of change that the Government’s ‘joined up agenda’ has released and which is already sweeping down upon them. No matter whether their involvement with Conductive Education is through voluntary (charitable) agencies, large or small, or through schools within the state sector, nor whether they work with babies, kindergarteners, school-age children or young people up to the age of eighteen. The landscape in which they access or develop Conductive Education will soon be irrevocably changed. The effect of this upon their work may be devastating, it may be liberating: the outcome will depend partly upon luck but partly too upon conductivists’ readiness to ride the changes forced upon them – and perhaps to influence the new social world that emerges as the dust settles.

Those who use and provide Conductive Education are of course in no different a position in this from that of grass-roots users and providers of every other service for children and their families in this country.

The recent Government initiative *Every Child Matters*¹ was spurred by a child-abuse investigation. It matters not that Conductive Education for children and their families is concerned with developmental disorder – comprehensive joined-upness ensures that *Every Child Matters* involves every form of working with children and their families, whatever its aim and nature. Two linked themes from *Every Child Matters* will particularly affect the future development of Conductive Education in this country:

- the integration of children’s services at a local level through the Children’s Trusts² (with *statutory* involvement of public and voluntary services³), requiring far closer integration of the work of different agencies⁴ and different professions⁵;
- the declaration that everyone who works with children is now a member of the ‘Children’s Workforce’, with requirements for certain common components to their training (the Common Core Curriculum⁶).

Fullest realisation of these initiatives will be long-tem but intensive preparatory work is already under way for both. Children’s Trusts are already piloted, with ‘pathfinders’ in

¹ *Every Child Matters*: www.everychildmatters.gov.uk.

² Children’s Trusts: www.everychildmatters.gov.uk/childrens-trusts.

³ ‘Local authorities will take the lead in establishing arrangements for all public, private, voluntary and community organisations to work together in the shape of local children’s trusts’: www.everychildmatters.gov.uk/childrens-trusts/inter-agency-governance/co-operation-with-partners.

⁴ Multi-disciplinary teams: www.everychildmatters.gov.uk/childrens-trusts/integrated-frontline-delivery/multi-disciplinary-teams.

⁵ Workforce reform: www.everychildmatters.gov.uk/childrens-trusts/integrated-frontline-delivery/workforce-reform.

⁶ Common Core Website (includes newsletters): www.dfes.gov.uk/commoncore.

England affecting 20% of the country's children.⁷ At national level the Children's Trusts Network is well established⁸ and the first Children's Commissioner has now been appointed⁹; at local level many Directors of Children's Trusts are now in post. A new national body, the Children's Workforce Council, has been created and its membership, which is to be publicly announced in the next few weeks, is already meeting in 'shadow' form¹⁰.

People are already taking up posts, making decisions and firming up new organisational and conceptual structures. Amongst all this activity the Government intends that there should be joining up of what is done for special educational needs¹¹ and creation of a common system of assessment for all children¹². Where in this is account of the philosophy and practice of Conductive Education and what they represent? Where is explicit acknowledgement of the particular requirements of motor-disordered children and their families? It seems the case that both at national and at local levels *no* account is being taken of the long joined-up experience of the conductive movement, in services or in training – nor even of the particular needs of children with movement disabilities and their families.

Does the conductive movement have a legitimate and needed contribution to make to this process?

⁷ The Children's Trust pathfinder projects are being evaluated by the University of East Anglia and the National Children's Bureau: www.dfes.gov.uk/childrenstrusts/evaluation.

⁸ www.dfes.gov.uk/childrenstrusts/supportfortrusts/networks.shtml

⁹ DfES press release: www.dfes.gov.uk/pns/DisplayPN.cgi?pn_id=2005_0025.

¹⁰ www.cwdcouncil.org.uk.

¹¹ www.everychildmatters.gov.uk/childrens-trusts/outcomes-for-children/sen-disabilities

¹² <http://www.dfes.gov.uk/ISA/framework/framework.cfm>

Credentiailling the conductive movement

The conductive movement credentials its potential contribution through practical experience of innovation and change, not just in this country but across the developed world.

The organisation for which I was responsible till my recent retirement ¹³ has developed and runs an all-age service for children and adults with a wide range of disabling conditions, both congenital and acquired in later life, of every level of severity, including cerebral palsy, dyspraxia, Parkinson's, multiple sclerosis and strokes.. 'All-age' here means right across the life span, from babyhood to the frailty of old age. To meet changing circumstances and evolving situations our particular agency has developed provision through a growing range of modes of service-delivery, full-time, part-time, sessional, in-house, outreach, uni-professional and collaborative. It includes a school – according to Ofsted, 'a very good school' ¹⁴ – and workshops and other participation for carers and parents.

Additionally, it has shared its understandings and skills through an expanding range of training projects, formal and informal, from Level 2 up to first-degree level. Modes of training have included in-service workshops, short courses and whole-school experiences, working with professionals in health, education and social care, Our established professional degree-level training for conductors educates full-time undergraduates from around the world. Most of our training is run in some form of collaboration with public bodies.

Such as we have achieved has been done from a standing start in 1986 – sometimes in the face of bitter local and professional opposition.

¹³ The Foundation for Conductive Education: www.conductive-education.org

¹⁴ www.ofsted.gov.uk/reports/manreports/1648.htm

Within the conductive movement such achievements are nothing special to brag about. They are typical of how the conductive movement has developed outside its country of origin, not just in the United Kingdom but across the developed world, in the years following 1986. Within the audience here today are parents (and a grandparent) who have created and now run their own conductive services. There are conductors who no longer simply ‘conduct’ but bear managerial responsibility for providing services. There are conductors and others who have created space for and carved out conductive practices within the state education system. There are conductors who have merged their conductive identity with Qualified Teacher Status and members of other professions who has subsumed their original professional identities to the processes of working within Conductive Education.

To adapt, to blend, to transform, these seem essential requirement for survival for the conductive movement in the opening years of the twenty-first century.

In North America there are some thirty to forty associations promoting conductive services (the number fluctuates) ¹⁵. Their variety is breathtaking, including radical adaptations emerging to adapt to local circumstances – for example, the reverse-inclusion Charter School in Ohio opening this September ¹⁶. Germany has an organised network of more than twenty parent-led conductive organizations ¹⁷, with additional conductors within another twenty or so voluntary and clinical facilities ¹⁸, and there are spontaneous initiatives for Conductive Education now in most developed economies.

Norway and New Zealand, two countries with advanced social welfare systems, are incorporating conductive services for children into their national systems of provision for

¹⁵ www.iacea.org

¹⁶ www.risingstarelementary.org

¹⁷ www.bundesverband-fortschritt.de/vereine/vereine_index.htm

¹⁸ *Fortschritt*, 3+4/2003. p.12

children, respectively into their child rehabilitation ¹⁹ and the state education systems. Israel has an expanding, partly state-supported network of multi-disciplinary services for children with motor disorders founded around Conductive Education ²⁰. In a very different socio-economic context Conductive Education is helping establish basic services for disabled children and their families in a township in South Africa..

In 1986 the United Kingdom was first off the blocks in the internationalization and modernization of Conductive Education.. There are currently some thirty-five to forty settings in the United Kingdom (see map below) promoting conductive services through trained conductors (again the number fluctuates), plus innumerable others attempting to model aspects of their work, usually through multi-disciplinary teams, upon what they understand of the conductive system.

¹⁹ www.pto-senteret.no

²⁰ www.tsadkadima.co.il



In other words there is a lot of it about, founded where personal initiative has been there to establish it. In a few countries now the state sector is beginning to open its arms and welcome it aboard. Not so yet in this country where, despite a very long tradition of innovation from the voluntary sector crossing over into state services, our state sector has stood largely aloof from this innovation. The current Government's joined-up agenda

offers potential opportunity to address this situation anew – but does the established system really recognise that there is a problem here to be solved?

Who and what are we talking about?

The decisions of politicians, civil servants, administrators and managers, are the poorer when they have little or, worse, erroneous understanding of the specific issues for which they are responsible. Unfortunately it does rather appear that the severity and complexity of ‘physical disability’ in childhood are so often underestimated as to deprive the issue of consideration beyond cursory mention of much beyond ritual mention of ramps and other physical adaptations, of electronic aids and personal aides. Such underestimation no more than reflect the focussed understanding of many professionals, in health, education and social care, who provide services for children and families on a day-to-day basis, and of the general awareness of the public who see only what they can see.

Focus upon adaptations, on aides and aids, on ‘coping’, comprises the current orthodoxy in our society, within which children learn ‘to cope’ and so do their families and their schools. Like many orthodoxies, this one is founded in an ignorance that is founded in incuriosity, that is in turn founded in the orthodoxy itself. Direct personal experience of physical disability, however, grants awareness that this orthodoxy falls far short of representing the full reality.

Physical disabilities – and the following remarks need not necessarily be restricted to the motor disorders which comprise their majority – are outwardly the most visible and, perhaps precisely because of this, remain the least appreciated of all the major developmental disorders. People can *see* problems of mobility, incoordination, posture, they can *see* the physical measures provided in response to these – and for many that is enough: visible physical problems with visible physical solutions. End of story.

Our society has long now understood and responded to the far less visible developmental effects of, for example, children’s not being able to hear as other children do – effects upon communication, social relationships, the development of thinking and personality,

family life, formal education, social participation. Everyone involved in the upbringing and education of children who cannot hear knows that mechanical devices are very important but that in themselves form only one part of the solution to ensure that the children achieve fulfilling childhoods and adult lives. To achieve these goals, everyone recognises, also requires special measures, including special pedagogies.

Motor disorders such as the cerebral palsies present no less a complex and far-reaching chain of learned secondary and tertiary developmental effects than does, say, a hearing impairment. Difficulties in controlling one's movements in a reliable and predictable manner affect every aspect of learning and living in the world. The effects of this are not simply upon mobility and manipulation but also upon essential learning that depends upon attainment of meaningful goals: emotional interaction and intercommunication with parents, the development of motivation, perceptual and conceptual development. Inevitably too the effects widen to the functioning of families.

Children with disabilities learn from their practical and social experiences in the same ways as do their non-disabled peers. Society judges non-disabled children who have everything done for them as 'spoiled', 'ruined'. If adults fall into the well meaning trap of providing too much and misjudged help, this can readily lead to a learned (taught) dependence, without necessarily reducing the children's – and the adults' – frustration. To work directly and constructively to maximise such children's development requires a very special pedagogy. To bring up such children requires carefully and consciously balanced parenting. To have effective responsibility for such children, as teacher, carer, therapist, demands considerable reorientation (and that may mean retraining) for a lot of people if their hard work is not to prove ineffective, counterproductive or even iatrogenic, reinforcing or even creating dysfunction in child development and family functioning.

Does Conductive Education have something different to say about providing for children and families with difficulties of this kind?

Conductive Education's integrated, uni-professional approach

In the context of framing joined-up services, and inter-disciplinary and inter-agency working the nature of human development in the presence of major developmental disorder should surely be basic to the structure of the services that society constructs for children and families so affected. Children with difficulties of movement experience difficulties in integrating their experiences and what they learn from them into a harmonious whole. To orient their bodies and direct their gaze so as to identify the source of a sound, then to reach and retrieve what they see to explore what they have found, to involve others effectively in the process of discovery – such simple co-ordinated activities are swiftly mastered by the non-disordered nervous system, then collapsed into a single smooth action as a basis for going on to learn something else. Where, however, motor disorder intervenes, the experience and learning of children with motor disorders and their families may remain fragmented, difficult or impossible for them and their parents to fit together as do their non-disabled peers without specialist help.

But what specialist help do we presently provide (not just in the United Kingdom, but in most developed countries)? Not a service designed *a priori* and systemically to match their particular developmental needs but an *ad hoc* assembly of different professional structures, each developed originally for other purposes and each delivered by different professionals working to the requirements of their own philosophies, timetables and priorities. Specifically, the development and psycho-social welfare of a single child and family might in this country be receiving help from three different kinds of therapists (plus their assistants), a schoolteacher (again plus assistants), a play worker, a family worker, a social worker and in particular instances others too – not to mention the additional advice of any medical personnel who might be involved.

Even were everything that these professionals do within their own professional roles specifically geared to advancing the child's development and the family's functioning, even were all these professionals working towards common goals according to a common theoretical understanding, then the children and their families would still be confronted with services that themselves constitute a fragmented and disharmonious experience.

Children and their families face difficulties enough arising from the all-round developmental effects of the underlying disability. The ways in which we structure services in response to a problem should not by their very nature mirror and exacerbate that problem but should point toward its solution.

Conductive Education cuts through this multi-disciplinary, multi-agency and potentially anti-developmental Gordian knot. The children's development and their families' desire to enhance this are served by a single professional worker, the 'conductor', who teaches and advises on the totality of the child's upbringing and education, through a unitary theoretical perspective channeled at given points in a child's learning through a single professional.

Conductive Education's practical and theoretical contribution present aspirations for joined-up services is a service model specifically designed to respond to a specified range of human issues, and provided predominantly through the uni-disciplinary agency of a 'conductor' of development, who can of course, consult, link to, call in and mediate with other professionals should specific need arise. For of the conductive movement joined-up services are a long-overdue reform, albeit one that as presently envisaged goes just one small step towards a situation that Conductive Education regards as a prerequisite for relevant and meaningful service-delivery for children with motor disorders and their families. From this perspective, the next obvious step for serious consideration is provision of professionals and professional services specifically designed for specific jobs, not jobs for already existing professionals and already existing professional structures.. Two speakers today ²¹ cited their daughters in support of their presentations. I shall cite mine. She is a midwife, a member of a long-established and respected uni-professional approach to a specified range of human conditions, able to consult, link to, call in and mediate with other professionals should specific need arise. Conductive

²¹ Professor Stuart Tanner and Mr Michael Peters

Education manifests this established service model in the non-medical sphere of bringing up and educating children with motor disorders.

Those who have advocated Conductive Education for children – families, professionals and increasingly now young people and adults who have accessed this approach over the course of their childhood – have been ahead of the game. They have rejected current orthodoxies on how better to structure services to maximise the life-chances of people with motor disorders. Moreover, through their actions they have demonstrated that the joined-up services of Conductive Education are not only possible but also win and hold the trust of those whom they serve – something that existing fragmentation often fails to achieve. Again, this is not unique to the United Kingdom: it has been demonstrated again and again around the world.

Joining up

Thirty-five years ago the authoritative (and mainstream) *Younghusband Report*²², produced by the then National Council for Collaboration in Child Care (subsequently the National Children's Bureau), described a range of problems in accessing satisfactory services strikingly similar to those that children in need and their families face today. Terminology and legislative structures have shifted over thirty-five years: the issues at the point of service-delivery remain substantively unchanged. This is how the *Younghusband Report* concluded its chapter on the training, supply and employment of staff (in recent terminology, the children's workforce):

We have said much about the need to improve multidisciplinary co-operation in services for handicapped people. It is only too easy to say that people must work together, less easy to say how this can be made possible... We would like to re-emphasise the part that training can play. We conclude:

a. that the training of all professional people likely to have contact with handicapped children should include understanding of the functions of other related professions;

b. that there should be more interdisciplinary in-service training;

²² *Living with Handicap: the report of a working party on children with special needs (Younghusband Report)*. Edited by Eileen Younghusband, Dorothy Birchall, Ronald Davie and M L. Kellmer-Pringle (eds.). London: National Bureau for Co-operation in Child Care, 1970

c. professions working with children;

d. in some instances further specialised ‘hybrid’ courses are also desirable.²³

The report’s first three conclusions resonate strongly with Government’s proposals for common-core training. They could have been written today. But where did the notion of ‘hybrid’ training come from, thirty-five years ago?

Unfortunately it often happens that a spastic child, for example, has to leave his classroom on successive occasions to receive speech therapy, physiotherapy or occupational therapy. Many workers in these professions recognise that there is something unsatisfactory in this situation. We have been interested to learn of experiments being carried out in this country on the Pető method of treating cerebral palsied children, which originated in Hungary. In this method, called ‘conductive education’ physical training, social training, speech therapy and education are carried out by the same person, who naturally has to receive a long course of training. In England, where experiments with the method are being made without staff trained in conductive education... Even without using the methods of Conductive Education, this development of teamwork has, we believe, much to offer to handicapped children.²⁴

To many in this audience, the working party’s inspiration will be not be unexpected.

Much of the *Younghusband Report* was incorporated into the subsequent *Warnock Report*. But even though influential professionals went to see Conductive Education first-hand at source, and reported back positively on what they had seen²⁵, for whatever reason this notion did not penetrate mainstream thinking. The resistance of existing professional orthodoxy was just too strong²⁶.

²³ *Younghusband Report*, page 288

²⁴ *Younghusband Report*, page 272

²⁵ Notably Mary Wilson, Chief Inspector for Special Education, Inner London Education Authority (‘The Institute for the treatment and education of patients with motor disability’, unpublished report to the Inner London Education Authority, 1970) and Professor Kenneth Holt, Director of the Wolfson Centre, University of London (‘A single teacher-nurse-therapist?’ *Child: Care, Health and Development*, vol. 1, no 1, pp. 45-50, 1975)

²⁶ James Loring, Director of the then Spastics Society, reflecting on existing systems’ immunity to change of this kind, regretted that the ‘the greatest difficulty of all which has to be overcome is staff conservatism and professional pride (‘Integrated therapy, education and child care’. In J. Apley (ed.) *Care of the Handicapped Child: Festschrift for Ronald MacKeith*. London: Heinemann, 1978, pp. 125-130)

Now, however, Government has grasped the persisting nettle of professional and structural fragmentation and is advancing against established practice on the two joined-up fronts of service-provision and professional training. Compliance will not be consensual but mandatory. Moreover, it is intended that the changes should incorporate the activities of the voluntary and private and well as the state sectors.

The conductive movement in this country has no choice: if it is to continue working with children and young people – in whatever setting – it has to join up to the new agenda, to the new structure of local services and to the new requirements for professional training. The layer will include the catch-up in-service training of those already qualified, including those qualified abroad. Better to do so willingly, sign up to the new agenda and take a leading hand in helping clear a path through the present multi-disciplinary fog.

Conductive Education is of course immediately applicable to only one ‘low-incidence’ population of children and their families. Even for these there is no need for the conductive movement to claim to all the answers. And anyway, there is no way in which present conductive services could meet the direct needs of all who might potentially benefit in this country. How, therefore, might the conductive movement join up to the emerging agenda in a way that makes a useful national contribution?

The message of Conductive Education

At the specific level of immediate practice, conductive services around the country are eager to break through the barrier of reluctance on the part of many public agencies to work in partnership with a new kind of service. A wealth of innovative practice is already in train, providing child-and-family services for preschoolers, additional support for disabled children included in their local early-years settings and schools, consultancy and training for staff in schools and other settings, help with transitions, and specialist placements under statements of special educational need, long-or short-term.

There could be many more were ‘the system’ to open its arms to Conductive Education, rather than – as it often seems – freezing it out.

At a heuristic level, the experience and understandings of Conductive Education in this country and overseas are now sufficient to serve catalytically for development of existing services – as long as existing services accept that they can and should innovate at a time of review and change. If only those responsible for services and training would display curiosity about what lies beyond their current orthodoxy...

Government has recognised that our present structure for providing professional services is dysfunctional, at the level both of local provision and professional demarcation, and is responding with structural change. The experience of Conductive Education demonstrates that ‘joining up’ is possible, to a very high degree. This experience also suggests that structural change alone – however comprehensively this may be achieved – is not enough in itself for substantive change in the quality of services. An effective provision represents a three-layer hierarchy: at the top a philosophy, a theory; beneath that the techniques, in the case of an education the pedagogy; and beneath that the organisation and the structures to make the other two possible ²⁷. Just changing the underlying structure will not in itself create the necessary techniques and driving philosophy: a working system has to address all three levels together. Conductive Education offers a model – not the only one – of how this can be done.

So what then is this model? It comprises a unitary service provided for a coherent, definable range of developmental problems, staffed and oriented through common training, goals and values; it offers a one-stop reference point for children and adults with movement disabilities across the life-span, and their families yet remains able to call in and mediate with other professions and agencies. In service and in training Conductive Education manifests a unity of philosophy, methods and organisation directed to effecting

²⁷ For diagrammatic representation see Part 6 of the e-lecture by A. Sutton, ‘Conductive Education’, Center for Opportunities and Outcomes for Disabled people, Columbia University Training College, NY, 2-3 March 2001: www.tc.columbia.edu/oopd/icp_next.htm

change in development and function. Of the conductive centres already working in this country no single one achieves the total ideal but each demonstrated a particular degree of success at its implementation in their particular contexts.

A measure of that success is that families trust it and want more, and that young adults who experienced it as children can look back with approval and consider it for others

The analysis presented here has been restricted to services for children with movement disorders and their families, where Conductive Education has its particular experience. In the spirit of joined-up thinking it would be remiss not to acknowledge that the problems of service-delivery mentioned are hardly unique: points made here might be profitably applied for the benefit of other populations in need (for example, children served by SureStart programmes), as Younghusband and her colleagues implied thirty-five years ago.

In conclusion...

1. Conductive Education does not pretend to have all the answers.
2. Conductive Education has a long and increasingly varied experience of joined-up working and demonstrates that **THIS CAN BE DONE**. – to a degree in advance of what is presently envisaged.
3. The voluntary sector is a creative cauldron – just perhaps current Government initiatives can be harnessed to push the public sector into taking due advantage of this incalculable resource, beyond the level of rhetoric.
4. Conductive Education is just one new ingredient to be explored... as long as the public sector recognises that true innovation is impossible without a little risk.

5. Administrative and structural change alone are not enough.
6. Services must have philosophy – additionally, where they deal with human development, they must have pedagogy. All three levels have to be tackled simultaneous if change is really to be effective.

Enormous change is under way in how we structure services and train professional to work with children and their families in this country, mighty forces have been released amongst which the conductive movement can appear very small and insignificant. We *are* very small and represent a very different way of living and working. Think back though to the late Jurassic period, the time of the great lizards around whose terrible armoured feet there scuttled small shrew-like creatures. The conductive movement is like those first mammals, small, warm-blooded and fast evolving. You would have been so wrong to put your money on the dinosaurs.

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